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**PTO IDENTIFIER:** Application Number 09/527,028-Conf. #1839  
Patent Number

**Inventor:** Sylvie Veriac et al.

**MESSAGE TO:** US Patent and Trademark Office

**FAX NUMBER:** (703) 872-9306

**FROM:** CONNOLLY BOVE LODGE & HUTZ LLP  
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**Attorney Dkt. #:** 20198-00053-US

**PAGES (Including Cover Sheet):** 23

**CONTENTS:** Fee Transmittal (1 page);  
Appeal Brief (15 pages);  
Response After Final Rejection under 37 CFR 1.116 (5 pages);  
Certificate of Transmission under 37 CFR 1.8 (1 page); and  
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| FEE TRANSMITTAL<br>for FY 2005  |          |              |          | Complete if Known  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|---|----------|--------------|----------|--|----------|------------------------|--------------|-----------------|--------------|----------|-----------------|----------|----------|----------|----------|----------|------|------------------------|------|------|-------------------------------------|------|------|-----------------------------------|------|------|--|------|------|---------------------------------------|------|------|---------------------------|------|------|--|------|-------|---|------|------|--|------|---------------------|--|--|------|--------|------|---|---|--|--------------|-----|--------------|----|--|----------|----------|----------|----------|----------|---|----|------|-----|------------------------|-----|--|----|------|-------|-----------------------------------|-----|---|-----|------|-------|---------------------------------------|-------|--|----|------|-----|--|-----|------------------|----|------|-----|--|-----|--|--------|------|-----|------|------|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|
| <div style="text-align: center; font-weight: bold;">Effective 10/01/2004. Patent fees are subject to annual revision.</div> <div style="margin-top: 10px;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27         </div>   |          |              |          | Application Number   |          | 09/527,028-Conf. #1839 |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|   |          |              |          | Filing Date  |          | March 16, 2000         |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|   |          |              |          | First Named Inventor   |          | Sylvia Veriac          |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|   |          |              |          | Examiner Name  |          | G. Gabel               |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|   |          |              |          | Art Unit   |          | 1641                   |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| TOTAL AMOUNT OF PAYMENT   |          | (\$)         | 340.00   | Attorney Docket No.  |          | 20198-00053-US         |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| METHOD OF PAYMENT (check all that apply)  |          |              |          | FEE CALCULATION (continued)  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 22-0185<br>Deposit Account Name: Connolly Bove Lodge & Hutz LLP<br>The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account   |          |              |          | <b>3. ADDITIONAL FEES</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of BIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>430</td><td>2252</td><td>215</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>960</td><td>2253</td><td>480</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,530</td><td>2254</td><td>765</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,080</td><td>2255</td><td>1,040</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>340</td><td>2401</td><td>170</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>340</td><td>2402</td><td>170</td><td>Filing a brief in support of an appeal</td><td>340.00</td></tr> <tr><td>1403</td><td>300</td><td>2403</td><td>150</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,370</td><td>2453</td><td>685</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,370</td><td>2501</td><td>685</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>400</td><td>2502</td><td>245</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>660</td><td>2503</td><td>330</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(e)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>780</td><td>2809</td><td>395</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>790</td><td>2810</td><td>395</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> </tbody> </table> |          |                        | Large Entity |                 | Small Entity |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130                    | 2051 | 65   | Surcharge - late filing fee or oath |      | 1052 | 50                                | 2052 | 25   | Surcharge - late provisional filing fee or cover sheet |      | 1053 | 130                                   | 1053 | 130  | Non-English specification |      | 1812 | 2,520  | 1812 | 2,520 | For filing a request for ex parte reexamination |      | 1804 | 920*   | 1804 | 920*                | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840*  | Requesting publication of BIR after Examiner action |  | 1251         | 110 | 2251         | 55 | Extension for reply within first month |          | 1252     | 430      | 2252     | 215      | Extension for reply within second month |    | 1253 | 960 | 2253                   | 480 | Extension for reply within third month |    | 1254 | 1,530 | 2254                              | 765 | Extension for reply within fourth month |     | 1255 | 2,080 | 2255                                  | 1,040 | Extension for reply within fifth month |    | 1401 | 340 | 2401   | 170 | Notice of Appeal |    | 1402 | 340 | 2402   | 170 | Filing a brief in support of an appeal | 340.00 | 1403 | 300 | 2403 | 150  | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,370 | 2453 | 685 | Petition to revive - unintentional |  | 1501 | 1,370 | 2501 | 685 | Utility issue fee (or reissue) |  | 1502 | 400 | 2502 | 245 | Design issue fee |  | 1503 | 660 | 2503 | 330 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(e) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 780 | 2809 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 1801 | 790 | 2801 | 395 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1051  | 130      | 2051         | 65       | Surcharge - late filing fee or oath  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1052  | 50       | 2052         | 25       | Surcharge - late provisional filing fee or cover sheet   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1053  | 130      | 1053         | 130      | Non-English specification  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1812  | 2,520    | 1812         | 2,520    | For filing a request for ex parte reexamination  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1804  | 920*     | 1804         | 920*     | Requesting publication of SIR prior to Examiner action   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1805  | 1,840*   | 1805         | 1,840*   | Requesting publication of BIR after Examiner action  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1251  | 110      | 2251         | 55       | Extension for reply within first month   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1252  | 430      | 2252         | 215      | Extension for reply within second month  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1253  | 960      | 2253         | 480      | Extension for reply within third month   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1254  | 1,530    | 2254         | 765      | Extension for reply within fourth month  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1255  | 2,080    | 2255         | 1,040    | Extension for reply within fifth month   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1401  | 340      | 2401         | 170      | Notice of Appeal   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1402  | 340      | 2402         | 170      | Filing a brief in support of an appeal   | 340.00   |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1403  | 300      | 2403         | 150      | Request for oral hearing   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1451  | 1,510    | 1451         | 1,510    | Petition to institute a public use proceeding  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1452  | 110      | 2452         | 55       | Petition to revive - unavoidable   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1453  | 1,370    | 2453         | 685      | Petition to revive - unintentional   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1501  | 1,370    | 2501         | 685      | Utility issue fee (or reissue)   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1502  | 400      | 2502         | 245      | Design issue fee   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1503  | 660      | 2503         | 330      | Plant issue fee  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1460  | 130      | 1460         | 130      | Petitions to the Commissioner  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1807  | 50       | 1807         | 50       | Processing fee under 37 CFR 1.17(e)  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1806  | 180      | 1806         | 180      | Submission of Information Disclosure Stmt  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 8021  | 40       | 8021         | 40       | Recording each patent assignment per property (times number of properties)   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1809  | 780      | 2809         | 395      | Filing a submission after final rejection (37 CFR 1.129(a))  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1810  | 790      | 2810         | 395      | For each additional invention to be examined (37 CFR 1.129(b))   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1801  | 790      | 2801         | 395      | Request for Continued Examination (RCE)  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1802  | 900      | 1802         | 900      | Request for expedited examination of a design application  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>FEE CALCULATION</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>790</td><td>2001</td><td>395</td><td>Utility filing fee</td><td></td></tr> <tr><td>1002</td><td>350</td><td>2002</td><td>175</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>550</td><td>2003</td><td>275</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>790</td><td>2004</td><td>395</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table>   |          |              |          | Large Entity   |          | Small Entity           |              | Fee Description | Fee Paid     | Fee Code | Fee (\$)        | Fee Code | Fee (\$) | 1001     | 790      | 2001     | 395  | Utility filing fee     |      | 1002 | 350                                 | 2002 | 175  | Design filing fee                 |      | 1003 | 550  | 2003 | 275  | Plant filing fee                      |      | 1004 | 790                       | 2004 | 395  | Reissue filing fee                                 |      | 1005  | 160   | 2005 | 80   | Provisional filing fee                                     |      | <b>SUBTOTAL (1)</b> |  |  |      | (\$)   | 0.00 | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table> |   |  | Large Entity |     | Small Entity |    | Fee Description                        | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                    | 18 | 2202 | 9   | Claims in excess of 20 |     | 1201                                   | 88 | 2201 | 44    | Independent claims in excess of 3 |     | 1203                                    | 300 | 2203 | 150   | Multiple dependent claim, if not paid |       | 1204                                   | 88 | 2204 | 44  | ** Reissue independent claims over original patent |     | 1205             | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b>                    |        |      |     | (\$) | 0.00 |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1001  | 790      | 2001         | 395      | Utility filing fee   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1002  | 350      | 2002         | 175      | Design filing fee  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1003  | 550      | 2003         | 275      | Plant filing fee   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1004  | 790      | 2004         | 395      | Reissue filing fee   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1005  | 160      | 2005         | 80       | Provisional filing fee   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (1)</b>   |          |              |          | (\$)   | 0.00     |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202         | 9        | Claims in excess of 20   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 88       | 2201         | 44       | Independent claims in excess of 3  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 300      | 2203         | 150      | Multiple dependent claim, if not paid  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 88       | 2204         | 44       | ** Reissue independent claims over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>   |          |              |          | (\$)   | 0.00     |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>790</td><td>2001</td><td>395</td><td>Utility filing fee</td><td></td></tr> <tr><td>1002</td><td>350</td><td>2002</td><td>175</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>550</td><td>2003</td><td>275</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>790</td><td>2004</td><td>395</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table>   |          |              |          | Large Entity   |          | Small Entity           |              | Fee Description | Fee Paid     | Fee Code | Fee (\$)        | Fee Code | Fee (\$) | 1001     | 790      | 2001     | 395  | Utility filing fee     |      | 1002 | 350                                 | 2002 | 175  | Design filing fee                 |      | 1003 | 550  | 2003 | 275  | Plant filing fee                      |      | 1004 | 790                       | 2004 | 395  | Reissue filing fee                                 |      | 1005  | 160   | 2005 | 80   | Provisional filing fee                                     |      | <b>SUBTOTAL (1)</b> |  |  |      | (\$)   | 0.00 | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table> |   |  | Large Entity |     | Small Entity |    | Fee Description                        | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                    | 18 | 2202 | 9   | Claims in excess of 20 |     | 1201                                   | 88 | 2201 | 44    | Independent claims in excess of 3 |     | 1203                                    | 300 | 2203 | 150   | Multiple dependent claim, if not paid |       | 1204                                   | 88 | 2204 | 44  | ** Reissue independent claims over original patent |     | 1205             | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b>                    |        |      |     | (\$) | 0.00 |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1001  | 790      | 2001         | 395      | Utility filing fee   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1002  | 350      | 2002         | 175      | Design filing fee  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1003  | 550      | 2003         | 275      | Plant filing fee   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1004  | 790      | 2004         | 395      | Reissue filing fee   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1005  | 160      | 2005         | 80       | Provisional filing fee   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (1)</b>   |          |              |          | (\$)   | 0.00     |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202         | 9        | Claims in excess of 20   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 88       | 2201         | 44       | Independent claims in excess of 3  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 300      | 2203         | 150      | Multiple dependent claim, if not paid  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 88       | 2204         | 44       | ** Reissue independent claims over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>   |          |              |          | (\$)   | 0.00     |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table> |          |              |          | Large Entity   |          | Small Entity           |              | Fee Description | Fee Paid     | Fee Code | Fee (\$)        | Fee Code | Fee (\$) | 1202     | 18       | 2202     | 9    | Claims in excess of 20 |      | 1201 | 88                                  | 2201 | 44   | Independent claims in excess of 3 |      | 1203 | 300  | 2203 | 150  | Multiple dependent claim, if not paid |      | 1204 | 88                        | 2204 | 44   | ** Reissue independent claims over original patent |      | 1205  | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b> |  |  |      | (\$)   | 0.00 | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table> |   |  | Large Entity |     | Small Entity |    | Fee Description                        | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                    | 18 | 2202 | 9   | Claims in excess of 20 |     | 1201                                   | 88 | 2201 | 44    | Independent claims in excess of 3 |     | 1203                                    | 300 | 2203 | 150   | Multiple dependent claim, if not paid |       | 1204                                   | 88 | 2204 | 44  | ** Reissue independent claims over original patent |     | 1205             | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b>                    |        |      |     | (\$) | 0.00 |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202         | 9        | Claims in excess of 20   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 88       | 2201         | 44       | Independent claims in excess of 3  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 300      | 2203         | 150      | Multiple dependent claim, if not paid  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 88       | 2204         | 44       | ** Reissue independent claims over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>   |          |              |          | (\$)   | 0.00     |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202         | 9        | Claims in excess of 20   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 88       | 2201         | 44       | Independent claims in excess of 3  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 300      | 2203         | 150      | Multiple dependent claim, if not paid  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 88       | 2204         | 44       | ** Reissue independent claims over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>   |          |              |          | (\$)   | 0.00     |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table> |          |              |          | Large Entity   |          | Small Entity           |              | Fee Description | Fee Paid     | Fee Code | Fee (\$)        | Fee Code | Fee (\$) | 1202     | 18       | 2202     | 9    | Claims in excess of 20 |      | 1201 | 88                                  | 2201 | 44   | Independent claims in excess of 3 |      | 1203 | 300  | 2203 | 150  | Multiple dependent claim, if not paid |      | 1204 | 88                        | 2204 | 44   | ** Reissue independent claims over original patent |      | 1205  | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b> |  |  |      | (\$)   | 0.00 | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table> |   |  | Large Entity |     | Small Entity |    | Fee Description                        | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                    | 18 | 2202 | 9   | Claims in excess of 20 |     | 1201                                   | 88 | 2201 | 44    | Independent claims in excess of 3 |     | 1203                                    | 300 | 2203 | 150   | Multiple dependent claim, if not paid |       | 1204                                   | 88 | 2204 | 44  | ** Reissue independent claims over original patent |     | 1205             | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b>                    |        |      |     | (\$) | 0.00 |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202         | 9        | Claims in excess of 20   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 88       | 2201         | 44       | Independent claims in excess of 3  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 300      | 2203         | 150      | Multiple dependent claim, if not paid  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 88       | 2204         | 44       | ** Reissue independent claims over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>   |          |              |          | (\$)   | 0.00     |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202         | 9        | Claims in excess of 20   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 88       | 2201         | 44       | Independent claims in excess of 3  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 300      | 2203         | 150      | Multiple dependent claim, if not paid  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 88       | 2204         | 44       | ** Reissue independent claims over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>   |          |              |          | (\$)   | 0.00     |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table> |          |              |          | Large Entity   |          | Small Entity           |              | Fee Description | Fee Paid     | Fee Code | Fee (\$)        | Fee Code | Fee (\$) | 1202     | 18       | 2202     | 9    | Claims in excess of 20 |      | 1201 | 88                                  | 2201 | 44   | Independent claims in excess of 3 |      | 1203 | 300  | 2203 | 150  | Multiple dependent claim, if not paid |      | 1204 | 88                        | 2204 | 44   | ** Reissue independent claims over original patent |      | 1205  | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b> |  |  |      | (\$)   | 0.00 | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table> |   |  | Large Entity |     | Small Entity |    | Fee Description                        | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                    | 18 | 2202 | 9   | Claims in excess of 20 |     | 1201                                   | 88 | 2201 | 44    | Independent claims in excess of 3 |     | 1203                                    | 300 | 2203 | 150   | Multiple dependent claim, if not paid |       | 1204                                   | 88 | 2204 | 44  | ** Reissue independent claims over original patent |     | 1205             | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b>                    |        |      |     | (\$) | 0.00 |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202         | 9        | Claims in excess of 20   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 88       | 2201         | 44       | Independent claims in excess of 3  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 300      | 2203         | 150      | Multiple dependent claim, if not paid  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 88       | 2204         | 44       | ** Reissue independent claims over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>   |          |              |          | (\$)   | 0.00     |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202         | 9        | Claims in excess of 20   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 88       | 2201         | 44       | Independent claims in excess of 3  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 300      | 2203         | 150      | Multiple dependent claim, if not paid  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 88       | 2204         | 44       | ** Reissue independent claims over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>   |          |              |          | (\$)   | 0.00     |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table> |          |              |          | Large Entity   |          | Small Entity           |              | Fee Description | Fee Paid     | Fee Code | Fee (\$)        | Fee Code | Fee (\$) | 1202     | 18       | 2202     | 9    | Claims in excess of 20 |      | 1201 | 88                                  | 2201 | 44   | Independent claims in excess of 3 |      | 1203 | 300  | 2203 | 150  | Multiple dependent claim, if not paid |      | 1204 | 88                        | 2204 | 44   | ** Reissue independent claims over original patent |      | 1205  | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b> |  |  |      | (\$)   | 0.00 | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table> |   |  | Large Entity |     | Small Entity |    | Fee Description                        | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                    | 18 | 2202 | 9   | Claims in excess of 20 |     | 1201                                   | 88 | 2201 | 44    | Independent claims in excess of 3 |     | 1203                                    | 300 | 2203 | 150   | Multiple dependent claim, if not paid |       | 1204                                   | 88 | 2204 | 44  | ** Reissue independent claims over original patent |     | 1205             | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b>                    |        |      |     | (\$) | 0.00 |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202         | 9        | Claims in excess of 20   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 88       | 2201         | 44       | Independent claims in excess of 3  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 300      | 2203         | 150      | Multiple dependent claim, if not paid  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 88       | 2204         | 44       | ** Reissue independent claims over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>   |          |              |          | (\$)   | 0.00     |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202         | 9        | Claims in excess of 20   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 88       | 2201         | 44       | Independent claims in excess of 3  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 300      | 2203         | 150      | Multiple dependent claim, if not paid  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 88       | 2204         | 44       | ** Reissue independent claims over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>   |          |              |          | (\$)   | 0.00     |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table> |          |              |          | Large Entity   |          | Small Entity           |              | Fee Description | Fee Paid     | Fee Code | Fee (\$)        | Fee Code | Fee (\$) | 1202     | 18       | 2202     | 9    | Claims in excess of 20 |      | 1201 | 88                                  | 2201 | 44   | Independent claims in excess of 3 |      | 1203 | 300  | 2203 | 150  | Multiple dependent claim, if not paid |      | 1204 | 88                        | 2204 | 44   | ** Reissue independent claims over original patent |      | 1205  | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b> |  |  |      | (\$)   | 0.00 | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table> |   |  | Large Entity |     | Small Entity |    | Fee Description                        | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                    | 18 | 2202 | 9   | Claims in excess of 20 |     | 1201                                   | 88 | 2201 | 44    | Independent claims in excess of 3 |     | 1203                                    | 300 | 2203 | 150   | Multiple dependent claim, if not paid |       | 1204                                   | 88 | 2204 | 44  | ** Reissue independent claims over original patent |     | 1205             | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b>                    |        |      |     | (\$) | 0.00 |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202         | 9        | Claims in excess of 20   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 88       | 2201         | 44       | Independent claims in excess of 3  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 300      | 2203         | 150      | Multiple dependent claim, if not paid  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 88       | 2204         | 44       | ** Reissue independent claims over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>   |          |              |          | (\$)   | 0.00     |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202         | 9        | Claims in excess of 20   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 88       | 2201         | 44       | Independent claims in excess of 3  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 300      | 2203         | 150      | Multiple dependent claim, if not paid  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 88       | 2204         | 44       | ** Reissue independent claims over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>   |          |              |          | (\$)   | 0.00     |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table> |          |              |          | Large Entity   |          | Small Entity           |              | Fee Description | Fee Paid     | Fee Code | Fee (\$)        | Fee Code | Fee (\$) | 1202     | 18       | 2202     | 9    | Claims in excess of 20 |      | 1201 | 88                                  | 2201 | 44   | Independent claims in excess of 3 |      | 1203 | 300  | 2203 | 150  | Multiple dependent claim, if not paid |      | 1204 | 88                        | 2204 | 44   | ** Reissue independent claims over original patent |      | 1205  | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b> |  |  |      | (\$)   | 0.00 | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table> |   |  | Large Entity |     | Small Entity |    | Fee Description                        | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                    | 18 | 2202 | 9   | Claims in excess of 20 |     | 1201                                   | 88 | 2201 | 44    | Independent claims in excess of 3 |     | 1203                                    | 300 | 2203 | 150   | Multiple dependent claim, if not paid |       | 1204                                   | 88 | 2204 | 44  | ** Reissue independent claims over original patent |     | 1205             | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b>                    |        |      |     | (\$) | 0.00 |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202         | 9        | Claims in excess of 20   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 88       | 2201         | 44       | Independent claims in excess of 3  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 300      | 2203         | 150      | Multiple dependent claim, if not paid  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 88       | 2204         | 44       | ** Reissue independent claims over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>   |          |              |          | (\$)   | 0.00     |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202         | 9        | Claims in excess of 20   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 88       | 2201         | 44       | Independent claims in excess of 3  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 300      | 2203         | 150      | Multiple dependent claim, if not paid  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 88       | 2204         | 44       | ** Reissue independent claims over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>   |          |              |          | (\$)   | 0.00     |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table> |          |              |          | Large Entity   |          | Small Entity           |              | Fee Description | Fee Paid     | Fee Code | Fee (\$)        | Fee Code | Fee (\$) | 1202     | 18       | 2202     | 9    | Claims in excess of 20 |      | 1201 | 88                                  | 2201 | 44   | Independent claims in excess of 3 |      | 1203 | 300  | 2203 | 150  | Multiple dependent claim, if not paid |      | 1204 | 88                        | 2204 | 44   | ** Reissue independent claims over original patent |      | 1205  | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b> |  |  |      | (\$)   | 0.00 | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table> |   |  | Large Entity |     | Small Entity |    | Fee Description                        | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202                                    | 18 | 2202 | 9   | Claims in excess of 20 |     | 1201                                   | 88 | 2201 | 44    | Independent claims in excess of 3 |     | 1203                                    | 300 | 2203 | 150   | Multiple dependent claim, if not paid |       | 1204                                   | 88 | 2204 | 44  | ** Reissue independent claims over original patent |     | 1205             | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b>                    |        |      |     | (\$) | 0.00 |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202         | 9        | Claims in excess of 20   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 88       | 2201         | 44       | Independent claims in excess of 3  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 300      | 2203         | 150      | Multiple dependent claim, if not paid  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 88       | 2204         | 44       | ** Reissue independent claims over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>   |          |              |          | (\$)   | 0.00     |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202         | 9        | Claims in excess of 20   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 88       | 2201         | 44       | Independent claims in excess of 3  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 300      | 2203         | 150      | Multiple dependent claim, if not paid  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 88       | 2204         | 44       | ** Reissue independent claims over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>   |          |              |          | (\$)   | 0.00     |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table> |          |              |          | Large Entity   |          | Small Entity           |              | Fee Description | Fee Paid     | Fee Code | Fee (\$)        | Fee Code | Fee (\$) | 1202     | 18       | 2202     | 9    | Claims in excess of 20 |      | 1201 | 88                                  | 2201 | 44   | Independent claims in excess of 3 |      | 1203 | 300  | 2203 | 150  | Multiple dependent claim, if not paid |      | 1204 | 88                        | 2204 | 44   | ** Reissue independent claims over original patent |      | 1205  | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b> |  |  |      | (\$)   | 0.00 |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity |          | Fee Description  | Fee Paid |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202         | 9        | Claims in excess of 20   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 88       | 2201         | 44       | Independent claims in excess of 3  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 300      | 2203         | 150      | Multiple dependent claim, if not paid  |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 88       | 2204         | 44       | ** Reissue independent claims over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent   |          |                        |              |                 |              |          |                 |          |          |          |          |          |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |  |      |       |   |      |      |  |      |                     |  |  |      |        |      |   |   |  |              |     |              |    |  |          |          |          |          |          |   |    |      |     |                        |     |  |    |      |       |                                   |     |   |     |      |       |                                       |       |  |    |      |     |  |     |                  |    |      |     |  |     |  |        |      |     |      |      |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
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